

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9103  
1188

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (If in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LITTLE BLUE</u> d. STREET ADDRESS (If rural, give location) <u>JACKSON COUNTY HOME FOR AGED</u>			
3. NAME OF DECEASED (Type or Print) / a. (First) <u>SIDNEY</u> b. (Middle) _____ c. (Last) <u>WILLIAMS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 8 1950</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 31 1896</u>	
9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>AMERICUS, GEORGIA</u>	
13a. FATHER'S NAME <u>JOHN WILLIAMS</u>				13b. MOTHER'S MAIDEN NAME <u>MARY JONES</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>Wdka10000</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DR. GRIFFIN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				17. ADDRESS <u>JACKSON CO. HOME FOR AGED</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LUETIC TYPE HEART DISEASE WITH DECOMPENSATION</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>023X</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>50</u> , to <u>3-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>50</u> , and that death occurred at <u>5:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. Frank Ellis</u> MD (Degree or title) _____				23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>3-9-50</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>3-13-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN</u>		24d. LOCATION (City, town, or county) (State) <u>Kear, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-13-50</u>				REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. G. Brown</u> ADDRESS <u>1708 Lacy</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.